

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re Application of:
Marshall et al

Serial No.: 10/085,358

Filed: February 28, 2002

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§
§
§
§

Group Art Unit: 1746

Examiner: Not Yet Assigned

Atty. Docket: SwRI 2098-08

**For: Apparatus for Contaminant Removal Using Natural Convection
Flow and Changes in Solubility Concentration by Temperatures**

U.S. Patent and Trademark Office
P.O. Box 2327
Mail Stop DAC
Arlington, VA 22202

REQUEST FOR RECONSIDERATION OF PETITION UNDER 37 C.F.R. 1.47(a)

This request is in response to office communication dated October 23, 2002.

Dear Sirs:

Southwest Research Institute, to whom the named inventors have assigned the instant application, respectfully requests that this request for reconsideration of petition under 37 C.F.R. §1.47(a) be entered on behalf of and as agent for all the inventors.

The examiner has dismissed the petition under 37 CFR 1.47(a) stating that the petition filed September 9, 2002, lacked "proof that the non-signing inventor cannot be reached or refuses to sign the oath or declaration after having been presented with the application papers." The examiner also states that there is no indication in the present case whether joint inventor John G. Franjione was ever presented with a copy of the complete application papers for the instant nonprovisional application.

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NOV 18 2002
OFFICE OF PETITIONS

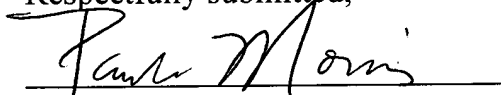
STATEMENT OF FACTS

- (1) A cover letter with instructions, a copy of the application, a declaration, an assignment for the application, a check in the amount of \$65.00, along with a return receipt were sent by certified mailed to Mr. Franjione on July 23, 2002. *See* Appendix A.
- (2) The documents were accepted and the return receipt was signed by Mr. Franjione on August 12, 2002. *See* Appendix A.
- (3) The declaration was not returned to us for filing by the filing deadline, and the petition under 37 C.F.R. §1.47(a) was necessary to avoid abandonment.
- (4) As of the filing date of this "REQUEST FOR RECONSIDERATION OF PETITION UNDER 37 C.F.R. 1.47(a)," we have not received any correspondence from Mr. Franjione, including the declaration mailed on July 23, 2002.

CONCLUSION

Petitioner requests that the examiner grant the petition under 37 CFR 1.47(a). The Commissioner is hereby authorized to charge any fees in connection with this petition, or to credit any overpayment, to Deposit Account No. 50-0997 (SWRI-2098-08) maintained by Paula D. Morris & Associates, P.C.

Respectfully submitted,



Paula Morris

Reg. No. 31,516

Paula D. Morris & Associates, P.C.

2925 Briarpark, Suite 930

Houston, Texas 77042

ATTORNEY FOR APPLICANT

Appendix A

PAULA D. MORRIS & ASSOCIATES, P.C.

PH. 713-334-5151
2925 BRIARPARK, STE. 930
HOUSTON, TX 77042

2456

PAY
TO THE
ORDER OF

DATE 7/23/02

32-115
1110 429

John G. Franjione

\$ 65.00

Sixty Five & 00/100

DOLLARS

Security Features
Included
Details on Back



JPMorgan Chase Bank
Houston Region
712 Main St.
Houston, TX 77002

FOR SWR1-2098-08

⑈002456⑈ ⑆111001150⑆ ⑈429001630465⑈



Z 280 150 365

**US Postal Service
Receipt for Certified Mail**

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to <u>John Franjione</u>	
Street & Number <u>50 Maynard Apt 117</u>	
Post Office, State, & ZIP Code <u>Athleboro, MA 02703</u>	
Postage	\$ <u>2.44</u>
Certified Fee	\$ <u>2.30</u>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	<u>1.75</u>
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$ <u>6.49</u>
Postmark or Date	

PS Form 3800, April 1995

Fold at line over top of envelope to
the right of the return address

CERTIFIED

Z 280 150 365

MAIL

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John Franjione
50 Maynard St.
Apt. 117
Athleboro, MA 02703

2. Article Number (Copy from service label)

Z 280 150 365

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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PS Form 3811, July 1999

Domestic Return Receipt

102535-00-M-0952

NOTE 8 7-23-02 (ama)

POST OFFICE CHANGED RECEIPT. WE DID NOT HAVE
THE CURRENT BAR CODE FORM.

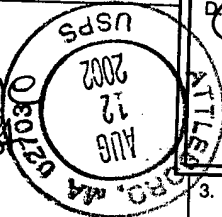
NEW RECEIPT NUMBER IS: 7002 0860 0004 92135328

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John Franjione
50 Maynard St
Apt. 117
Attleboro, MA 02103



COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) **JOHN FRANJIONE** B. Date of Delivery
C. Signature *[Signature]* ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes ☒ No
If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)

7002 0860 0004 9213 5328

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE
ATTLEBORO, MA 02103

Postage	\$ 2.44
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.49

UNIT ID: 0010

Postmark Here
Clerk: *[Signature]*

07/23/02

HOUSTON TX 77002

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+ 4

PS Form 3800, April 2002

See Reverse for Instructions

UNITED STATES
POSTAL SERVICE

***** WELCOME TO *****
BARBARA JORDAN MAIN PO
HOUSTON, TX 77201-9998
07/23/02 06:51PM

Store USPS 164
Wkstn sys5006
Cashier's Name CAMPBELL,
Stock Unit Id STABEN
PO Phone Number 800-275-8777
USPS # 4841490010

1. First Class 0.00
Destination: 02703
Weight: 9.60oz
Postage Type: Affixed
Affix. Post.: -6.49
Total Cost: 6.49
Base Rate: 2.44
SERVICES
Certified Mail 2.30
70020860000492135328
Return Receipt 1.75
Subtotal 0.00
Total 0.00

Number of Items Sold: 1

Thank You
Please come again!

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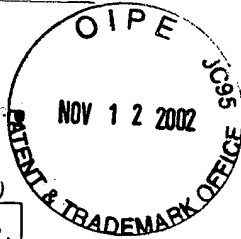
Z 280 150 365

US-Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)



Sent to **John Franjione**

Street & Number
50 Maynard Apt 117

Post Office, State, & ZIP Code
Attleboro, MA 02703

Postage \$ **2.44**

Certified Fee **2.30**

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered **1.75**

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees \$ 6.49

Postmark or Date

PS Form 3800 April 1995

PAULA D. MORRIS & ASSOCIATES, P.C.

INTELLECTUAL PROPERTY LAW AND ENERGY LAW INCLUDING PATENT, TRADEMARK,
COPYRIGHT LAW, UNFAIR COMPETITION AND RELATED MATTERS
2925 BRIAR PARK, SUITE 930
HOUSTON, TEXAS 77042



July 23, 2002

CERTIFIED MAIL: Z 280 150 365

John G. Franjione

50 Maynard Street, Apt. 117

Attleboro, MA 02703

Re: Title: Apparatus for Contaminant Removal Using Natural Convection Flow
and Changes in Solubility Concentrations by Temperature
Our Ref. No.: SWRI-2098-08

Dear John:

Enclosed please find a copy of the above referenced application as filed. Also enclosed are a Declaration, an Assignment for the application and a check in the amount of \$65. Please sign the enclosed Declaration and execute the Assignment before a notary. After executing the documents, please return them to our office in the enclosed self-addressed, stamped envelope, as soon as possible.

Please call if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Paula D. Morris".

Paula D. Morris

Enclosure

PDM/ama

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Certificate of Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service, under 37 CFR 1.10 on the date indicated below addressed to:

BOX DAC

Assistant Commissioner for Patents
Washington D.C. 20231

on November 12, 2002
Date

EV 207863292 US
Express Mail Label No.

Ann Marie Alaniz
Signature

Ann Marie Alaniz

Typed or Printed Name

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Note: Each paper must have its own certificate of Mailing or this certificate must identify each submitted paper

Request for Reconsideration of Petition Under 37 CFR 1.47(a), Appendix A and transmittal.

Applicant:	<u>Marshall, et al.</u>	Group Art Unit:	<u>1746</u>
Serial No.:	<u>10/085,358</u>	Examiner:	<u>Not Yet Assigned</u>
Filing Date:	<u>February 28, 2002</u>	Atty. Docket No.:	<u>SWRI-2098-08</u>
Title:	<u>Apparatus for Contaminant Removal Using Natural Convection Flow and Changes in Solubility Concentration by Temperatures</u>		



11-13-02

DAC

Please type a plus sign (+) inside this box → ☐PTO/SB/21 (12-97)
Approved for use through 9/30/00. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

+

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/085,358	
	Filing Date	02/28/02	
	First Named Inventor	Marshall, et al.	
	Group Art Unit	1746	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	9	Attorney Docket Number	SWRI-2098-08

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Office Action	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Certificate of transmission 37 CFR 1.10
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is hereby authorized to charge any additional fees or credit any overpayments to Deposit Account No. 50-0997 (SWRI-2098-08), maintained by Paula D. Morris & Associates, P.C.	

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NOV 18 2002

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Paula D. Morris, Reg. No. 31,516
Signature	<i>Paula D. Morris</i>
Date	November 12, 2002

OFFICE OF PETITIONS

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>	
Typed or printed name	Pleas see attached certificate of transmission under 37 CFR 1.10
Signature	<input type="text"/>
Date	<input type="text"/>

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